

PRIMARY PREVENTION & PUBLIC HEALTH/CDC

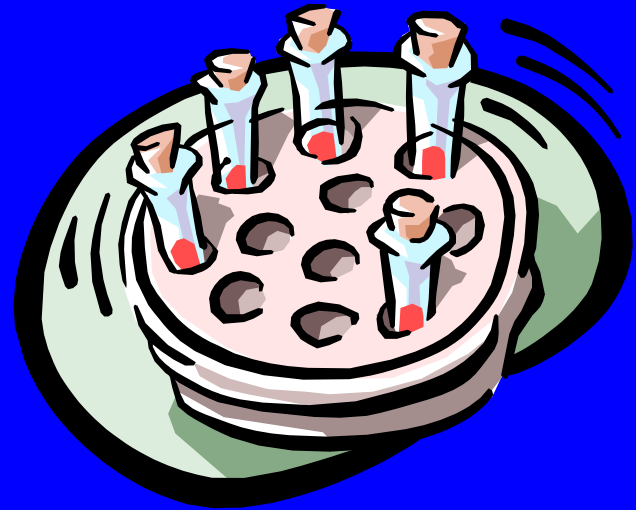


WHAT DO THESE MEN HAVE IN COMMON?

WILLIE SUTTON



BARUCH BLUMBERG, MD, PhD



WHAT'S IMPORTANT?

- R
- E
- S
- O
- U
- R
- C
- E
- S

**LEADERSHIP vs. ACTIVE
PARTNER**

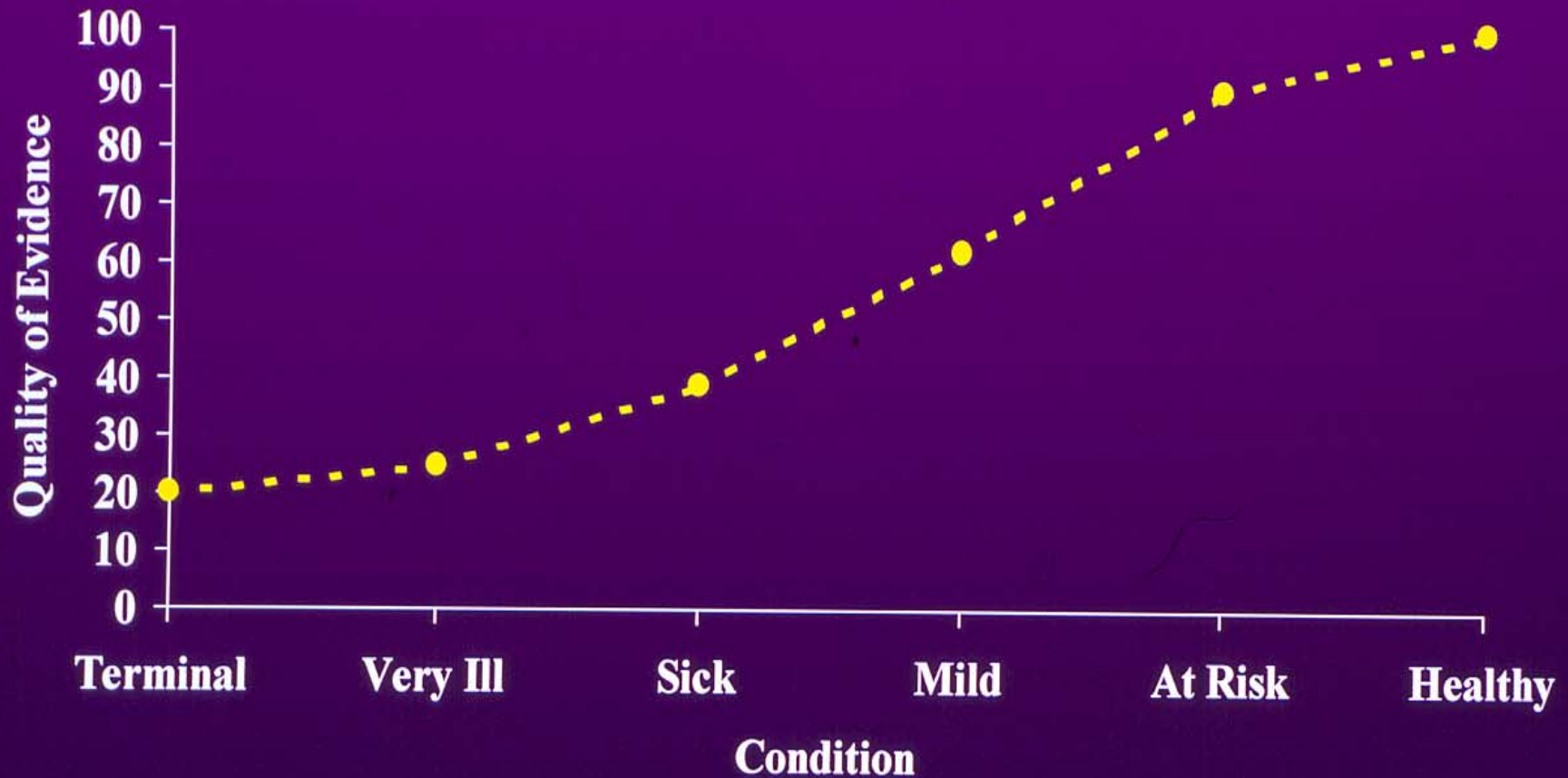
**MULTIPLE
APPROACHES**

science

GROWTH

**DO IT RIGHT
THE 1st. TIME**

Quality of Evidence for Various Conditions



?'s

- *WHO ARE THE TARGETS?*
- *HOW SHOULD THEY BE I.D.?*
- *HOW DO “PEOPLE” FEEL ABOUT PRIMARY PREVENTION?*
- *WHAT ARE +/- POLICIES?*
- *WHAT ABOUT THE RX. PROGRAMS?*
- *WHAT ABOUT “OPPORT. COSTS?”*

“SICK INDIVIDUALS AND SICK POPULATIONS”

Rose, G. Int J Epi 1985



PREVENTION BY “POP. STRATEGY”

- *Radical*
- *Large Potential for Population*
- *Behaviorally Appropriate*
- *? No Screening ?*

PREVENTION BY “HIGH-RISK” STRATEGY -

- *Appropriate to Individual*
- *Subject Motivation*
- *HCP Motivation*
- *Cost-Effective Use of Resources*
- *Benefit/Risk Ratio Favorable*

?'s

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ACTIVITIES - 2002

- Develop population-based methods for identifying persons at very high risk
- Formative research on “views” of primary prevention
- Demonstration projects with DCPs and CHCs
- Purchaser/insurer pilot project, ? TRIAD
- Establish international work group on primary prevention
- Support “Environmental Approaches to Obesity” and “DPP Extension” with NIH
- Expand economic studies of primary prev.

SUMMARY

- * *LEAD “PUBLIC HEALTH”
AND PARTNER WITH OTHERS*
- * *STICK WITH THE SCIENCE
AND WHAT WORKS*
- * *GO SLOWLY TO MOVE FAST*

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